

PGBA, LLC
TRICARE SOUTH REGION
P.O. BOX 7032
CAMDEN, SC 29020-7032

DUPPLICATE COPY

HUMANA MILITARY
HEALTHCARE SERVICES
★ ★ ★ ★

www.humana-military.com

TRICARE EXPLANATION OF BENEFITS

This is a statement of the action taken on your TRICARE claim.
Keep this notice for your records.

| | |
|-------------------|-------------------|
| Date of Notice: | December 21, 2006 |
| Sponsor SSN: | ***-**-2218 |
| Sponsor Name: | TANYA D STEWART |
| Beneficiary Name: | BRENDON F PERRY |

TANYA D STEWART
220 BOHN STREET
BILOXI MS 39530-3018

Benefits were payable to:

GULF COAST CHILDREN'S CLINIC P
999 N HALSTEAD RD
OCEAN SPRINGS MS 39564

Claim Number: 6354X14TX-00-00

| Services Provided By/ Date of Services | Services Provided | Amount Billed | TRICARE Approved | See Remarks |
|--|--|------------------|---------------------|------------------|
| GULF COAST CHILDREN'S CLINIC P 11/29/2006 | 001 Initial care, normal newborn (99431) | 197.00 | 54.90 | 1, 2, 3, 4, 5, 6 |
| 11/30/2006 | 001 Normal newborn care/hospital (99433) | 92.00 | 28.88 | 1, 5, 6 |
| 12/01/2006 | 001 Hospital discharge day (99238) | 90.00 | 63.70 | 1, 5, 6 |
| Totals: | | 379.00 | 147.48 | |

| Claim Summary | Beneficiary Liability Summary | Benefit Period Summary | | |
|----------------------|----------------------------------|---------------------------|-------|-------------------------------|
| Amount Billed: | 379.00 | Deductible: | 0.00 | Fiscal Year Beginning: |
| TRICARE Approved: | 147.48 | Copayment: | 0.00 | October 01, 2006 |
| Non-covered: | 231.52 | Cost Share: | 29.50 | Individual Family |
| Paid by Beneficiary: | 0.00 | Patient Responsibility: | 29.50 | Deductible: 0.00 0.00 |
| Other Insurance: | 0.00 | | | Catastrophic Cap: 672.56 |
| Paid to Provider: | 117.98 | | | |
| Paid to Beneficiary: | 0.00 | | | |
| Check Number: | | | | |

Remarks:

- CHARGES ARE MORE THAN ALLOWABLE AMOUNT.
- VISIT WWW.HUMANA-MILITARY.COM AND WWW.MYTRICARE.COM TO MANAGE YOUR HEALTH CARE ONLINE. FIND A PROVIDER, READ YOUR BENEFITS INFORMATION, CHECK INDIVIDUAL CLAIM AND REFERRAL STATUS, ELIGIBILITY, AND MUCH MORE.

(A)

1-800-403-3950

THIS IS NOT A BILL

If you have questions regarding this notice, please call or write us at telephone number/address listed above.





PGBA, LLC

Toll Free: 1-800-403-3950
 www.myTRICARE.com by PGBA

**HUMANA MILITARY
HEALTHCARE SERVICES**

★ ★ ★ ★

www.humana-military.com

November 16, 2007

TANYA STEWART
220 BOHN ST
BILOXI MS 39530-3706

Re: Patient: Tanya D. Stewart
Sponsor: Tanya D. Stewart
Sponsor's SSN: ***-**-2218
Date(s) of Service: November 29, 2006 - December 1, 2006
Internal Control Number: 6342X0PNN0002
Total Charges: \$6,539.65

Dear Petty Officer STEWART:

Thank you for your recent correspondence.

We are in receipt of the returned check in the amount of \$1,067.86 on claim number 6342X0PNN0002. The entire amount has been posted back to our records.

Singing River Hospital voluntarily returned the payment made by TRICARE citing charges were billed in error. Since the funds have been returned to TRICARE, the claim is now voided and there is no patient responsibility.

For additional assistance, please contact us at our toll-free customer service number, write to our customer service address or visit us at the PGBA, LLC Web address.

Sincerely,
 TRICARE South Customer Service
 AW37

REF2 (PRT577)
 DKEY: G61E432DD
 NKEY: 1124136593
 \$EOD

(B)

TRICARE South Region
 Claims Department
 P.O. Box 7031
 Camden, SC 29020-7031

EOF 2034(01/06)

TRICARE South Region
 Customer Service Dept.
 P.O. Box 7032
 Camden, SC 29020-7032

TRICARE South Region
 Provider Data Mgmt. Dept.
 P.O. Box 7039
 Camden, SC 29020-7039

TRICARE South Region
 Behavioral Health Dept.
 P.O. Box 7034
 Camden, SC 29020-7034